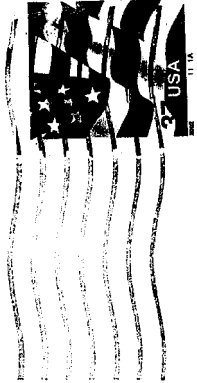


EXHIBIT A.

Prison Health Services,  
YORK COUNTY PRISON  
3400 CONCORD RD  
YORK PA 17402



Tyrone P. James  
Ex 9451  
P.O Box A  
Bellevonte. PA 16823-0820

**CONFIDENTIAL**

16823+0012



QUALITY PARK  
11117

**NOTICES****Rate Adjustment****[33 Pa.B. 5984]**

Under 42 Pa.C.S. §§ 6152 and 6155 (relating to subpoena of records; and rights of patients), the Secretary of Health is directed to adjust annually the amounts which may be charged by a health care facility or health care provider upon receipt of a request or subpoena for production of medical charts or records. These charges apply to any request for a copy of a medical chart or record except as follows:

1) Flat fees (as follows) apply to amounts that may be charged by a health care facility or health care provider when copying medical charts or records either: (a) for the purpose of supporting any claim or appeal under the Social Security Act or any Federal or State financial needs based program; or (b) for a district attorney.

2) An insurer shall not be required to pay for copies of medical records required to validate medical services for which reimbursement is sought under an insurance contract, except as provided in: (a) the Workers' Compensation Act (77 P. S. §§ 1--1041.4) and the regulations promulgated thereunder; (b) 75 Pa.C.S. Chapter 17 (relating to financial responsibility) and the regulations promulgated thereunder; or (c) a contract between an insurer and any other party.

The following charges list do not apply to an X-ray film or any other portion of a medical record which is not susceptible to photostatic reproduction.

Under 42 Pa.C.S. § 6152.1 (relating to limit on charges), the Secretary is directed to make a similar adjustment to the flat fee which may be charged by a health care facility or health care provider for the expense of reproducing medical charts or records where the request is: (1) for the purpose of supporting a claim or appeal under the Social Security Act or any Federal or State financial needs based benefit program; or (2) made by a district attorney.

The Secretary is directed to base these adjustments on the most recent changes in the consumer price index reported annually by the Bureau of Labor Statistics of the United States Department of Labor. For the annual period of September 30, 2002, through September 30, 2003, the consumer price index was 2.3%.

Accordingly, the Secretary provides notice that, effective January 1, 2004, the following payments may be charged by a health care facility or health care provider for production of records in response to subpoena or request:

**Search and Retrieval of Records:**  
**\$16.94**

**Not to Exceed**

Amount charged per page for pages 1--20	\$ 1.13
Amount charged per page for pages 21--60	\$ .85
Amount charged per page for pages 61--end	\$ .29
Amount charged per page for microfilm copies	\$ 1.68
Flat fee for production of records to support any claim under Social Security Act or claims under other Federal or State financial needs based programs	\$21.46
Flat fee for supplying records requested by a district attorney	\$16.94

In addition to the amounts listed previously, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records.

ATTENTION: James, Tyrone

DATE: 10/6/04

PLEASE SEND CHECK OR MONEY ORDER PAYABLE TO:  
PHS/ KELLY CONWAY

PLEASE SEND TO:

PRISON HEALTH SERVICES  
YORK COUNTY PRISON  
3400 CONCORD RD  
YORK , PA 17402  
ATTN: KELLY CONWAY

STATEMENT FOR MEDICAL RECORD COPIES

REQUESTOR: Tyrone James

PATIENT'S NAME: SAA ID # 62154

MEDICAL RECORD RETRIEVAL FEE 16.94

SOCIAL SECURITY FEE ~~21.46~~

PAGES 1-20 @ 1.13/PG 20 PGS 22.60

PAGES 21-60 @ 0.85/PG 15 PGS 12.75

PAGES 61 + @ 0.29/PG        PGS       

MICROFILM COPIES @ 1.68/PG 73 PGS 122.64

BALANCE DUE 174.93

PAYMENT MUST BE RECEIVED BEFORE RECORDS ARE  
RELEASED.

*To Medical  
9-20-04  
TJ*

Tyrone P. James 62154  
EX 9451  
P.O. Box A  
Bellefonte, PA 16823-0820

August 11, 2004

Thomas H. Hogan Warden  
Attn: Medical Staff, York County  
York County Prison  
3400 Concord Road  
York, Pennsylvania 17402

RE: Tyrone P. James v. York County Police Dept. et al., 1:01-CV-1015

Dear Thomas H. Hogan (Warden)/ Medical Supervisor, (Records)

I am presently litigating Pro se, in the United States District Court, Middle District Of Pennsylvania, in a civil suit, in the above reference matter, in Forma Pauperis. I am requesting copy of my complete medical records during my incarceration in the York County Prison, from January 10, 2001 through March 14, 2002. I also entered the Prison on August 25, 2003, October 7, 2003 and December 18, 2003, to attend court hearing in the Common Plea Court, York County; I am also requesting those medical records.

I appreciated your cooperation in the matter, to prevent any future court order. Please forward all correspondence to the address listed above. Thank you.

Sincerely,

*Tyrone James*

Tyrone P. James

cc: Tyrone P. James, (Plaintiff's).

DC-108

**PENNSYLVANIA DEPARTMENT OF CORRECTIONS  
AUTHORIZATION FOR RELEASE OF INFORMATION  
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)**

Name (print) <u>THOMAS KIMBLE</u>		Inmate/Employee # <u>144051</u>		Date of Birth <u>5-18-62</u>		Inmate Social Security # <u>44-536-3814</u>	
Medical/ Dental Records	<input checked="" type="checkbox"/>	Mental Health Records	<input checked="" type="checkbox"/>	Drug & Alcohol Treatment Records	<input type="checkbox"/>	HIV Information	<input type="checkbox"/>
						Records (General)	<input type="checkbox"/>

I, the undersigned, hereby give my consent for:  
(name and address of facility)

Prison Hospital  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To release information to:  
(name and address of requester)

Mr. [illegible]  
200 A  
1000 [illegible]  
\_\_\_\_\_

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period beginning 5-1-01 and ending 3-31-02. The information being requested is: all medical and dental records, including psychological records

\_\_\_\_\_  
Authorization for disclosure is being given for the purpose of:  
\_\_\_\_\_  
\_\_\_\_\_

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). **Authorizations for release of mental health records expire in 30 days.**

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, 1976, the Pennsylvania Drug and Alcohol Abuse Control Act, 1972, and the Confidentiality of HIV-Related Information Act, No. 148.

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Technician, Health Care Administrator, or Facility Manager. In any event, this authorization will expire 90 days after the date signed, **with the exception of Mental Health records which have a 30 day expiration date**, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requesting facility that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

[Signature]      5/1/01      [Signature]      4/17/01  
Employee/Inmate Signature      Date      Signature of Witness      Date

White Copy – Requestor

Yellow Copy- Responder

Pink Copy – Inmate Copy

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Ms. DIANN Simpson</u> <u>Medical Records Supervisor</u>	2. Date: <u>10-4-04</u>	<div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: right top;"> RECEIVED OCT 04 2004 MEDICAL RECORDS </div>	
3. By: (Print Inmate Name and Number) <u>TYRONE James EX9451</u> <u>Tyrone James</u> Inmate Signature	4. Counselor's Name <u>Ms. Henico</u>		
	5. Unit Manager's Name <u>Mr. Duck</u>		
6. Work Assignment <u>Drafting</u>	7. Housing Assignment <u>CB-149</u>		
8. Subject: State your request completely but briefly. Give details.			
<p><u>Two weeks ago you requested my medical record from The York County Prison.</u></p> <p><u>I would like to know if those records are in. If so, could I review those records and have them copy.</u></p> <p><u>Oct 7 2004, is my Dead-line to file this medical document in court.</u></p> <p style="text-align: right;"><u>Thank you!</u></p> <p style="text-align: right;"><u>Tyrone James</u> <u>EX9451</u></p> <p><u>cc-Inmate.</u></p>			
9. Response: (This Section for Staff Response Only)			
<p><u>Mr. James:</u></p> <p><u>I still have not received your York Co. records. I will follow-up today to locate them.</u></p> <p style="text-align: right;"><u>10-4-04</u></p> <p style="text-align: center;"><u>THANKS,</u> <u>Dianna Simpson</u> <u>Medical Records Supervisor</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
 Print Sign



Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>Medical Records</u>		2. Date: <u>8-26-04</u>	
3. By: (Print Inmate Name and Number) <u>Tyrone James EX9451</u>  <u>Tyrone James</u> Inmate Signature		4. Counselor's Name <u>?</u>	
6. Work Assignment <u>Drafting</u>		5. Unit Manager's Name <u>Mr. Duck</u>	
7. Housing Assignment <u>CB-149</u>		8. Subject: State your request completely but briefly. Give details.	
<p><u>I would like to retrieve a copy of my Medical Records.</u></p>			
cc: Inmate		<div style="border: 1px solid black; padding: 5px;"> <p>RECEIVED</p> <p>AUG 27 2004</p> <p>MEDICAL RECORDS</p> </div>	
9. Response: (This Section for Staff Response Only)			
<p><u>I am not able to copy records for you. If you have a doctor family doctor I can send a copy to him/her with your signed authorization. or if you are representing yourself in a lawsuit I can provide copies to you. If you have a lawyer he/she would need to send me a formal letter requesting records on your behalf.</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

D. Simpson  
Print

Sign

D. Simpson  
Date 8-27-04